Substitute for Form PTO-875 APPLICATION AS FILED – PART I						11100	ass it displays a valid OMB control nut Application or Docket Number		
API	(Column 1)	- PART I (Column 2)		SM	ما الم			<i>v</i> —	HER THAN
FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA		SMALL ENTITY		Y 	OR	SMALL ENTITY	
(37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m))	-	- CATICA		RATE	S) FEE	(\$)		RATE (S) FEE (\$
(37 CFR 1.16(0), (p), or (a))	-		4					ļ	
TOTAL CLAIMS (37 CFR 1.16(i))			4						
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 20 =	·	4	x	=		OR	x	
APPLICATION SIZE	If the specification and construction sheets of paper, the appropriate and construction in the specification and construction in the specification and construction in the specification in the specif	drawings exceed 100	41	x	=				=
FEE (37 CFR 1.16(s))	is \$250 (\$125 for small e	entity) for each							
MULTIPLE DEPENDENT C	35 U.S.C. 41(a)(1)(G) ar LAIM PRESENT (37 CFR 1.16		4						
If the difference is a		5(j))	J L						-
APPLICAT	1 is less than zero, enter "0" in	n column 2.		TOTAL		\forall	L	TOTAL	
•	ION AS AMENDED – F	PART II						· OTAL	L
) (X	mn 1) (Column 2) (Column 3) AIMS HIGHEST		1 ~ -	SMALL	ENTITY	c	R	OTHE	R THAN
AF AMEN	TER PREVIO	BER PRESENT		RATE (\$)	ADDI- TIONAL	7	Γ	RATE (\$)	ENTITY ADDI-
(37 CFR 1.16(1)) Independent (37 CFR 1.16(h)) Application Size Fee (37	Minus	9 -		25	FEE (\$)	-	<u> </u>		TIONAL FEE (\$)
Application Circ	Minus	Ó	_ _	<u> </u>		OR	<u> </u>	-20=	
TOPPROBLEM NIZA EAR WAY	CFR 1.16(s))	+===	 *	(20 -		OR	×	200 =	
	MULTIPLE DEPENDENT CLAIM	(37 CER 5 100)	-			_			
		(51 611(1.16())	- 1	ı		1	1		
FIRST PRESENTATION OF			_			OR	1		
	0.1)		TO AD	TAL D'L FEE		OR OR	TO	TAL D'L FEE	
FIRST PRESENTATION OF (Column CLAIN	n 1) (Colum	ST T	TO AD	TAL D'L FEE		1	TO:	TAL D'L FEE	
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the uncluding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

OR

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.